

CLAIMS ONLY	Application Number	Filing Date
	10-700486	9-1-05
	Applicant(s)	

10-700486

9-1-05

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
1	/					
2		/				
3		/				
4		/				
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46		/				
47		/				
48		/				
49	/					
50		/				
Total Indep.	4					
Total Depend.	54					
Total Claims	58					

* May be used for additional claims or amendments

	Indep.	Depend.	Indep.	Depend.	Indep.	Depend.
51		/				
52		/				
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99						
100						
Total Indep.						
Total Depend.						
Total Claims						